

Annual Report for Multiple Employer Welfare Arrangements (MEWAs) and Certain Entities Claiming Exception (ECEs)

OMB No. 1210-0116

MEWA/ECE Form

This Form is Open to Public Inspection

This report is required to be filed under section 101(g){h} of the Employee Retirement Income Security Act of 1974 and 29 CFR 2520.101-2. See separate instructions before completing this form.

Department of Labor
Pension and Welfare Benefits
Administration

PART I ANNUAL REPORT IDENTIFICATION INFORMATIONComplete either Item **A** or Item **B**, as applicable.**A** If this is an annual report, specify whether it is for:

- (1) The 1999 calendar year; or
(2) The fiscal year beginning _____, _____ and ending _____, _____.

B If this is a special filing, specify whether it is:

- (1) A 90-day origination report;
(2) An amended report; or
(3) A request for an extension.

PART II MEWA OR ECE IDENTIFICATION INFORMATION

1a Name and address of the MEWA or ECE	1b Telephone number of the MEWA or ECE
	1c Employer Identification Number (EIN)
	1d Plan Number (PN)
2a Name and address of the administrator of the MEWA or ECE	2b Telephone number of the administrator
	2c Employer Identification Number (EIN)
3a Name and address of the entity sponsoring the MEWA or ECE	3b Telephone number of the sponsor
	3c Employer Identification Number (EIN)

PART III REGISTRATION INFORMATION**4** Specify the most recent date the MEWA or ECE was originated**5** Complete the following chart. (See Instructions for **Item 5**)

5a	5b	5c	5d	5e	5f	5g
Enter all States where the entity offers or provides coverage.	Is the entity a licensed health insurance issuer in this State?	If you answer "yes" to 5b , list any NAIC number.	If you answer "no," to 5b , is the entity fully-insured?	If you answer "yes" to 5d , enter the name of the insurer and its NAIC number.	Does the entity purchase stop-loss coverage?	If you answer "yes" to 5f , enter the name of the stop-loss insurer and its NAIC number.
	Yes No		Yes No		Yes No	
	Yes No		Yes No		Yes No	
	Yes No		Yes No		Yes No	
	Yes No		Yes No		Yes No	

You may attach additional pages if necessary.

- 6** Of the States identified in **Item 5a**, list those States in which the MEWA or ECE conducted 20 percent or more of its business (based on the number of participants receiving coverage for medical care under the MEWA or ECE).

7 Total number of participants covered under the MEWA or ECE

PART IV INFORMATION FOR COMPLIANCE WITH PART 7 OF ERISA

- 8a** Has the MEWA or ECE been involved in any litigation or enforcement proceeding in which noncompliance with any provision of Part 7 of Subtitle B of Title I of ERISA was alleged? Answer for the year to which this filing applies and any time since then up to the date of completing this form. Answer "Yes" for any State, federal, administrative litigation or enforcement proceeding, whether the allegation concerns a provision under Part 7 of ERISA, a corresponding provision under the Internal Revenue Code or Public Health Service Act, a breach of any duty under Title I of ERISA if the underlying violation relates to a requirement under Part 7 of ERISA, or a breach of a contractual obligation if the contract provision relates to a requirement under Part 7 of ERISA. (The instructions to this form contain additional information that may be helpful in answering this question.) Yes No

- 8b** If you answered "Yes" to **Item 8a**, identify each litigation or enforcement proceeding. With respect to each, include: (1) the case number (if any), (2) the date, (3) the nature of the proceedings, (4) the court, (5) all parties (for example, plaintiffs and defendants or petitioners and respondents), and (6) the disposition. You may answer this question by attaching a copy of the complaint with the disposition of the case noted in the upper right corner. If you need additional space, you may attach additional pages.

- 9** Complete the following. (Note: The instructions to this form contain four detailed worksheets which may be helpful in completing this item. Please read the instructions carefully before answering the following questions.)

9a	Is the MEWA or ECE in compliance with the portability provisions of the Health Insurance Portability and Accountability Act of 1996 and the Department's regulations issued thereunder? (See Worksheet A)	Yes	No	N/A
9b	Is the MEWA or ECE in compliance with the Mental Health Parity Act of 1996 and the Department's regulations issued thereunder? (See Worksheet B)	Yes	No	N/A
9c	Is the MEWA or ECE in compliance with the Newborns' and Mothers' Health Protection Act of 1996 and the Department's regulations issued thereunder? (See Worksheet C)	Yes	No	N/A
9d	Is the MEWA or ECE in compliance with the Women's Health and Cancer Rights Act of 1998? (See Worksheet D)	Yes	No	N/A

IF MORE SPACE IS REQUIRED FOR ANY ITEM, ATTACH ADDITIONAL SHEETS THE SAME SIZE AS THIS FORM.

Caution: Penalties may apply in the case of a late or incomplete filing of this report.

Under penalty of perjury and other penalties set forth in the instructions, I declare that I have examined this report, including any accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of administrator Date

Type or print name of administrator